

**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**  
*Hawaii Leadership Academy*  
**Participant's Work History**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial(s) \_\_\_\_\_

Name You Wish To Be Addressed By (eg. Bill instead of William): \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Branch \_\_\_\_\_ Section/Office \_\_\_\_\_

Position Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Number of Years in Your Present Dept. \_\_\_\_\_ Number of Years in State Service \_\_\_\_\_

Number of Years in Mgt. Positions \_\_\_\_\_ Number of People You Manage \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals and/or objectives to be achieved in the Hawaii Leadership Academy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal positions held during the previous five years:

Company/Organization	Type of Organization	Your Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Highest degree or academic grade completed: \_\_\_\_\_

Business and/or professional membership: \_\_\_\_\_

\_\_\_\_\_

Employee Relations Division, Training Office  
235 S. Beretania Street, Room 1004  
Honolulu, Hawaii 96813  
Phone: (808) 587-1063 FAX: (808) 587-1107

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